



## SOUTHWEST CENTER FOR LANGUAGE

4201 Medical Dr. Suite 250

San Antonio, Texas 78229

### Testing Registration Form

Name: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male ☐ Female ☐ Rank: \_\_\_\_\_ Paygrade: \_\_\_\_\_

Service (Agency): ☐ USA ☐ USAF ☐ USN ☐ USMC ☐ Civilian

Component: ☐ Active ☐ Reserve ☐ Nat'l Guard

Unit/Agency of Assignment: \_\_\_\_\_

PMOS/AFSC/NEC/Job Code/Position: \_\_\_\_\_

How Assigned: TDY, PCS, TAD, Other: \_\_\_\_\_

DLPT Score: List \_\_\_\_/Read\_\_\_\_/Speak\_\_\_\_ (i.e. 2/2+/3)

DLPT Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Language: \_\_\_\_\_

How Language was acquired: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Examinee Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Email: \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alt. Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**\*\* Please note – A CLPM's signature is required prior to being scheduled for testing.\*\***

CLPM Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Email: \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Privacy Act Statement: This information is required pursuant to title 10 USC 3012 and Executive Order 9397. This form is used to register Foreign Language Test Aspirants. Data entered on this form is entered into each student's permanent testing record. The SSN is used as the key to testing records for entry of student data and retrieval of any aspirant's record when needed.

#### Office Use Only

(Use Red Ink Only)

Date Scheduled: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Seat Assignment:

# \_\_\_\_\_

Time IN: \_\_\_\_\_

Time OUT: \_\_\_\_\_

Date Results Sent: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Proctor: \_\_\_\_\_

Date Confirmed Receipt: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Received by: \_\_\_\_\_

\_\_\_\_\_